Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Council District 6

Designated Agency Contact *(Name, Title)*

Dev Davis, Councilmember

Area Code/Phone Number	E-mail
408-535-4906	district6@sanjoseca.gov

Date Stamp
RECEIVED
San Jose City Clerk
OTC PM
2018 APR 19 PM 2: 04

California Form 802

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: April 19, 2018
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒ No ☐   Face Value of Each Ticket/Pass $ 170

Event Description: San Jose Sharks Game   Date(s) 04 / 18 / 18   ___ / ___ / ___
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?   Yes ☒ No ☐   If no: _____
Name of Source

Was ticket distribution made at the behest of agency official?   Yes ☒ No ☐   If yes: Davis, Dev
Official's Name (Last, First)

3. Recipients

- Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
D6 Leadership Group	8	Recognizing the D6 Leadership Group for their involvement in the community to support all neighborhood in District 6.

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Dev Davis Print Name	Councilmember Title	April 19, 2018 *(month, day, year)*

Comment: _____

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)